

Joshua Lederberg

12-13-69

Health Care Costs Inflated By Dollars Without Doctors



THE HEALTH budget of the United States is now about \$60 billion a year. At the one-third mark in the transition from private to public responsibility for citizens' health, it is obvious, however, that the benefits of health services are very unequally distributed among rich and poor.

We do not have adequate indicators of health status, for health depends on the quality of the environment, the style of life, preventive measures and the genetic endowment more than it does on medical care. Nor may we dismiss the truism that poor health reinforces poverty by draining earnings. However, if we need statistics to buttress our commonsense observations, we have the shameful range in infant mortality, from about 19 per 1000 among Midwestern whites to 55 per 1000 among Mississippi rural blacks.

If money were all that was needed, we might seek about \$40 billion more to give the entire population the same standard of care under the present system. Our experience with Medicare, however, has shown that pushing dollars into the consumer side of the system will inevitably inflate the costs when qualified manpower is the bottleneck item.

MEDICARE and Medicaid were not enacted as parts of

a carefully designed improvement in health care, for they made negligible provisions for increasing medical services and manpower. They have had some desirable side effects — for example, in modernizing the wage structure of nursing and other hospital employment. They have made some progress toward their original objective of lessening the burden of private health care for over-65s and some indigent people. But they have also pushed hospital costs sky-high, and the massive center of the citizenry is probably in worse shape than ever in finding and paying for good care.

The medical schools have been caught at the center of the grievances about health. As a constituency, they are weak and divided, not to be confused with organized medicine either in ideological orientation or in political power. Far from being benefited by the increased consumer buying power of Medicare/Medicaid, educational costs are systematically disallowed and the teaching hospitals are in a worsening crunch, as shown by John Walsh in Science magazine.

The medical research budget is around \$1.5 billion, almost all of it coming from Federal agencies like the National Institutes of Health. For some time, this investment has been at a standstill — actually being eroded by inflation, and providing shrinking opportunities for new graduates to attack new problems.

I WAS dismayed recently at a meeting of the Mayo Clinic Alumni to hear HEW Secretary Robert H. Finch address this problem with little of the customary regret about competing needs in a budget limited by military commitments on one side and rival social investments on the other. He implied instead that federal support of biomedical research was a drain on manpower resources that should be diverted back to patient care.

Finch undoubtedly shares this misconception with many legislators and citizens who have been taking misdirected potshots at research. In fact, the most avidly research-oriented schools have rarely succeeded in keeping as many as 15 per cent of their medical graduates in academic medicine, and these are not only the researchers but also the teachers of further generations.

The medical schools are more than eager to answer the need for manpower. They are obstructed above all by the fact that direct federal support of medical education is mostly rhetorical. The institutions which train medical graduates have been developed in the name of research in compliance with the congressional mandate.

They should be training many more M.D.'s; they should be developing new levels of health professions; they should be working to fill the near-vacuum of education for environmental health. Attacking the support of research may spear a convenient scapegoat, but it serves us ill to dismantle these institutions when we have not developed the national commitment, the policy or the budget to fulfill their wider role in serving human needs.

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Dear Mrs. Trainer:

Do forgive me for not replying sooner to your letter of October 5. I do feel rather helpless against the kind of philosophy (and worse) that the present administration has expressed, and is savagely implementing about research.

It is very heartening to see the kind of spirit expressed in your letter. Keep it up, please!

Believe me, I have lost no opportunity to make some impact on these problems; but I am always taunted with being obviously self-interested in pressing for research funds, which of course I am without accepting for a moment that this is different from the public interest.

It is your child's case that is the most compelling; for Ben can't speak for himself on this issue.

Please give my best regards to Mary Coleman next you see her.

Sincerely,

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